

APPLICATION FORM

Surname	From time to time EBP RSL may send information and promotions to members via mail, email or SMS. If you DO NOT want to receive any promotional information please tick this box	
Date of birth	Do you consent to receive gaming promotional information \Box Yes \Box No	
Occupation	A copy of the Club's annual report is available via the Club's website. However, if you would like a copy sent to you please indicate your preferred delivery method Mail Email I hereby declare that I am 18 years or over and have read the reverse page of this application form and fully understand the Privacy Statement and agree to be bound by the Articles of Association and any Rules and Regulations or By-Laws of the EBP RSL Club.	
Address Postcode		
Phone Mobile		
Email	Applicant's signature	
Office use only		
Identification type ID number Exp date	Receipt number Receipt date	
Staff signature / / /	Membership number allocated	

PAYMENT DETAILS



Privacy Statement

Earlwood-Bardwell Park RSL Club Ltd respects the privacy of its members.

The personal information you provide on this application form is subject to the provisions of the Privacy Act 1988.

The personal information and any additional documents provided by you will be used to assess your eligibility for membership. Under the Privacy Act 1988, you have a right to access and correct any personal information we retain about you, EBP RSL Club Ltd only collects information about you to provide you with information about our goods and services, member benefits, new services, promotions and competitions and special events related to the Club.

Only where there is a legal requirement to do so, Earlwood-Bardwell Park RSL Club Ltd, may disclose your personal information to third parties.

Your personal information, including information about you obtained as a result of you placing your membership card in a gaming or other club machine (not ATM's), may be used by the Club for marketing purposes to improve our services and to provide you with the latest information about those services and any new related services and promotions.

PLEASE MAKE A PAYMENT OF \$11.00

Payment method	□ Cash	\Box Cheque	☐ Money Order
	□ Visa	☐ Mastercard	☐ American Express
Cardholder name			
Card number			
Expiry date	_/	CSV	
Signature			//

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